

## **Clinical Internship Objectives for Emergency Department & Ambulance Rotations**

The EMT-B candidate is required to perform clinical skill objectives based on the performance criteria in the NYS EMT-B curriculum and the current standard of care. The Certified Instructor Coordinator will review the course sponsor's clinical internship policy and procedures prior to the EMT-B's clinical assignment.

The Certified Instructor Coordinator shall review the following clinical internship objectives with each candidate and ambulance or emergency department preceptors identifying candidate performance and evaluation criteria. In addition, a clinical evaluation form will be completed by the preceptor and returned to the Certified Instructor Coordinator. Prior to each clinical rotation, both the clinical staff and candidate(s) are encouraged to complete an orientation of expected behavior pertaining to the time before, during and after each clinical and ambulance rotation.

### ***Clinical Internship Objectives***

During emergency department or ambulance clinical rotations, the student should be under direct supervision and demonstrate proficiency for each of the following:

#### ***Emergency Department/Ambulance Clinical Objectives:***

- Perform patient assessment including medical history and conducting a physical examination. Minimum assessment skills should include taking and recording vital signs and auscultation of lung sounds.
- Assists and reviews the treatment of trauma emergencies
- Assists and reviews the treatment of medical emergencies
- Assists in triaging patients.
- Assists in and use appropriate body substance isolation techniques.
- Assists in hemorrhage control.
- Assists in splinting.
- Assists in respiratory and/or cardiac arrest, including the performance of CPR, basic airway management and on-scene defibrillation.
- Assists in administration of Epinephrine Auto Injector
- Assists in use of Bronchodilator.
- Assists in use of Nitroglycerine.
- Assists/observes in obtaining medical control
- Assists/observes in transfer of patient information and referral

#### ***Ambulance Operations Objectives:***

- Assists with rig-checkout/restock. Locates, inspects and prepares equipment for use
- Assists with safe-scene operations. Locates and is familiar with safety equipment.
- Assists with lifting and carrying. Locates and is familiar with safe operation.
- Assists with communications. Locates and operates equipment.
- Assists with patient care report completion and transfer of information to ED.

***The following evaluation form is to be completed by the student's preceptor for the emergency department or ambulance staff. The completed form must be submitted to the Certified Instructor Coordinator for the candidate to be eligible for course completion.***

# NYS EMERGENCY MEDICAL SERVICES EMT CLINICAL EVALUATION FORM

This form must be completed for each block of clinical rotation time the student attends

EMT-B Student Name: \_\_\_\_\_ Rotation Type:     ED Site     Ambulance  
 EMS Course Sponsor: \_\_\_\_\_ Course CIC: \_\_\_\_\_  
 CIC Contact Phone #: \_\_\_\_\_ Hospital/Agency Name: \_\_\_\_\_  
 Student Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Date: \_\_\_\_\_

**Rating Key:**    1 = Needs improvement – Student *did not* meet the minimum standard of performance  
                       2 = Satisfactory – Student met the minimum standard, but required guidance or assistance  
                       3 = Very Good – Student performed the minimum standard without guidance or assistance  
                       4 = Excellent – Student shows mastery level and was able to function independently

**PLEASE USE THE BACK OF THIS FORM FOR ADDITIONAL COMMENTS IF NEEDED**

ED or Ambulance Skill Performed	Amt. of times Performed	Overall Rating	Preceptor's Comments / Recommendations for Student Improvement
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____
_____	_____	1 2 3 4	_____



**Ambulance ONLY: Operational Objectives:**

**Completed**

**Precall Activities**

- Describe procedures of how calls are received by the ambulance service \_\_\_\_\_  Yes  No
- Describe the procedure for crew response to a call \_\_\_\_\_  Yes  No
- Explain and demonstrate the procedure for checking the ambulance and restocking \_\_\_\_\_  Yes  No
- Discuss the infection control procedures of the ambulance service \_\_\_\_\_  Yes  No

**During Call Activities**

- Observe/participate in the assessment/management of the patient as directed by the preceptor \_\_\_\_\_  Yes  No
- Demonstrate how to don personal protective equipment and supplies for BSI \_\_\_\_\_  Yes  No
- Discuss potential hazards to the EMT and bystanders at an incident and how they are controlled \_\_\_\_\_  Yes  No
- Explain or demonstrate the proper procedure for vehicle/equipment decontamination in accordance with the services exposure control plan \_\_\_\_\_  Yes  No
- Describe communications procedures for ambulance to dispatch and for ambulance to hospital \_\_\_\_\_  Yes  No
- Demonstrate the procedure for making up the stretcher's linen and where hospital supplies are \_\_\_\_\_  Yes  No

**General Observation Activities**

- Demonstrate proper procedures for loading and unloading the stretcher \_\_\_\_\_  Yes  No
- Demonstrate how to use patient carrying devices (i.e. stair chair, backboard, etc.) \_\_\_\_\_  Yes  No
- Describe mutual aid procedures including ALS intercepts \_\_\_\_\_  Yes  No
- Describe how first responder agencies interface with the ambulance service \_\_\_\_\_  Yes  No
- Describe how the ambulance service interfaces with police, fire, and rescue personnel \_\_\_\_\_  Yes  No
- Explain the ambulance service's procedures for Incident Command and MCI management \_\_\_\_\_  Yes  No

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVALUATOR: (PRINT) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT: (PRINT) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_